

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4	/					
5	/					
6	/					
7	/					
8		4				
9		①				
10		①				
11	/					
12		/				
13		/				
14		①				
15		/				
16		/				
17		①				
18		①				
19		①				
20		①				
21		①				
22		①				
23		/				
24		/				
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49						
50						
TOTAL IND.	12	↓		↓		↓
TOTAL DEP.	30	↓		↓		↓
TOTAL CLAIMS	42					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS